Town Truck Business Application

Business Information

Business Name: _____

Business Address: _____

Business Phone: _____ Evening Phone: _____

Tax Map #:_____

Applicants Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Social Security #: _____

1. Do you own property on which you will conduct your towing business?   YES   NO

2. Type of Business: Sole proprietorship   Partnership   Corporation

3. If partnership, please list partners (Include all information):

NAME	ADDRESS	DATE OF BIRTH	SOCIAL SECURITY #

Town Truck Information

YEAR	MAKE AND MODEL	VEHICLE IDENTIFICATION #	LICENSE PLATE #

Body Shop and Depot Information

**Tax Map Number of Body Shop or Depot: _____

Insurance Information

Name of Insurance Company: _____

Tax Map Number of Truck Storage: _____

Policy Number: _____ Expiration Date: _____

Liability Coverage: $ _____ Property Damage Coverage $ _____

Have you or any partner/member/officer/director been convicted of a crime within the last 5 years?   YES   NO

If Yes, give details:

PLACE OF CHARGE	DATE OF CHARGE/ARREST	DATE OF CONVICTION	SENTENCE IMPOSED

Roster Information (please check all that apply)

East Accident   South Accident   North Accident   Heavy Dut   4th Precinct

**Check here if you also want to be on the Non-Accident Roster

      I HEREBY SWEAR THAT THE ANSWERS CONTAINED HEREIN AND THE INFORMATION SUPPLIED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

      I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN SUPPLIED WITH THIS APPLICATION ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

      FALSE STATEMENTS MADE HEREIN SHALL BE GROUNDS FOR DENIAL OF LICENSE

_____
SIGNATURE OF APPLICANT
SWORN BEFORE ME THIS

_____ DAY OF _____ 20_____

_____
NOTARY PUBLIC

****FOR OFFICE USE ONLY****

Fingerprints paid: _____

License Issued: _____

License #: _____

License Fee: $100_____

Medallion: $75_____ x _____

Non-Accident: $75_____

Accident: $150_____

Heavy Duty Roster: $ 300_____

Total: $ _____